

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

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INFORMATION FOR MUSIC, ART OR DANCE THERAPIST REGISTRATION

BUREAU OF HEALTH SERVICE PROFESSIONS

An applicant is eligible for a music, art or dance therapist registration if the applicant provides satisfactory evidence of certification, registration or accreditation as a music, art or dance therapist, does not have an arrest or conviction record, subject to secs. 111.321, 111.322 and 111.335 Stats., and pays the fee required under sec. 440.05(1), Stats.

REGISTRATION REQUIREMENTS:

To obtain a registration as a music, art or dance therapist an individual must submit all of the following:

1. An application on a form provided by the department;
2. Social Security Number form;
3. The appropriate fee; and
4. Evidence satisfactory to the department that he or she is certified, registered or accredited as a music, art or dance therapist, as appropriate, by one of the following organizations:
 - Music Therapists - The Certification Board for Music Therapists, National Music Therapy Registry, American Music Therapy Association or another national organization that certifies, registers or accredits music therapists.
 - Art Therapists - The Art Therapy Credentials Board or another national organization that certifies, registers, or accredits art therapists.
 - Dance Therapists - The American Dance Therapy Association or another national organization that certifies, registers or accredits dance therapists.
5. Convictions and Pending Charges (Form #2252), if applicable.

OPTIONAL LICENSE TO PRACTICE PSYCHOTHERAPY:

A person registered as a Music, Art, or Dance Therapist may be granted a license to practice psychotherapy by meeting certain additional qualifications established under rules RL 140 through RL 142 of Wisconsin Administrative Code.

To apply for registration with a license to practice psychotherapy, complete this registration application and the application for license to practice psychotherapy, Form #2575.

INSTRUCTIONS FOR COMPLETING THE REGISTRATION APPLICATION:

1. Application (Form #2427): Complete the enclosed application and attach the appropriate fee. Make check payable to "Department of Regulation & Licensing." Mail to the address below.
2. Social Security Number Form. Complete and enclose with your application.
3. Request for Verification of Certification, Registration or Accreditation (Form #2426): Complete and forward to the organization where you are certified, registered or accredited.
4. Convictions and Pending Charges (Form #2252): attach if applicable.

MAILING INSTRUCTIONS: Mail the application and the appropriate fee to the following address:

DEPARTMENT OF REGULATION & LICENSING
BUREAU OF HEALTH SERVICE PROFESSIONS
PO BOX 8935
MADISON WI 53708-8935

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APPLICATION FOR MUSIC, ART OR DANCE THERAPIST REGISTRATION

BUREAU OF HEALTH SERVICE PROFESSIONS

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
Ethnic/gender status information is optional. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnic: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other

PLEASE CHECK THE ORGANIZATION UNDER WHICH YOU ARE CERTIFIED, REGISTERED OR ACCREDITED.

<input type="checkbox"/> Certification Board for Music Therapists	Credential # _____
<input type="checkbox"/> National Music Therapy Registry	Credential # _____
<input type="checkbox"/> American Music Therapy Association	Credential # _____
<input type="checkbox"/> Art Therapy Credentials Board	Credential # _____
<input type="checkbox"/> American Dance Therapy Association	Credential # _____
<input type="checkbox"/> Other: _____	Credential # _____

APPLICATION FEES Make check payable to Department of Regulation and Licensing and attach to application.

For Receipting Use Only

_____ \$53.00 Registration Fee

State of Wisconsin Department of Regulation & Licensing

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary.)

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you have any felony or misdemeanor charges pending against you? If yes, attach Form #2252, Convictions and Pending Charges, providing details about the pending charge, copy of the court documents and status of the charge. [Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.] | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of a misdemeanor or a felony? If yes, attach Form #2252 providing details about the crime, including date of conviction, penalty and a copy of the court documents. [Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.] | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach Form #2252 providing details including the terms of incarceration and a copy of a report from your probation or parole officer. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s). | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under. | <input type="checkbox"/> | <input type="checkbox"/> |

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice music, art or dance therapy" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate assessments and exercise reasoned music, art or dance therapist judgments and to learn and keep abreast of music, art or dance therapy developments; and
2. The ability to communicate those judgments and music, art or dance therapy information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform music, art or dance therapy, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding, the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years**.

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 6. Do you have a medical condition which in any way impairs or limits your ability to practice music, art or dance therapy with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your use of chemical substance(s) in any way impair or limit your ability to practice music, art or dance therapy with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

State of Wisconsin Department of Regulation & Licensing

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 8. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you currently engaged in the illegal use of controlled dangerous substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

AFFIDAVIT OF APPLICANT

I, the above-named applicant, state that I am the person referred to in this application and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws adopted by the Department of Regulation and Licensing may be cause for disciplinary action.

Signature of Applicant

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20____, by _____
(Applicant name)

Signature of Notary Public

S E A L

Date Commission Expires

NOTE: This affidavit must be signed by the applicant in the presence of the notary public on the same date.

State of Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

Profession

Date of Birth _____ _____ _____
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

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REQUEST FOR VERIFICATION OF CERTIFICATION, REGISTRATION OR ACCREDITATION MUSIC, ART OR DANCE THERAPIST

BUREAU OF HEALTH SERVICE PROFESSIONS

APPLICANT

PLEASE COMPLETE THIS FORM AND FORWARD TO THE ORGANIZATION
WHERE YOU ARE CERTIFIED, REGISTERED OR ACCREDITED.

The **State of Wisconsin** requests a verification of certification, registration or accreditation concerning the following individual:

NAME

SOCIAL SECURITY NUMBER*

ADDRESS

DAYTIME PHONE NUMBER

CITY, STATE AND ZIP

DATE OF BIRTH

NAME IF DIFFERENT FROM ABOVE

CREDENTIAL #

DATE OF BIRTH

Applicant Signature

Date

PLEASE MAIL VERIFICATION TO THE FOLLOWING ADDRESS:

Department of Regulation & Licensing
Bureau of Health Service Professions
PO Box 8935
Madison WI 53708-8935

*For use in locating your records.

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip) _____

Mail To Address (if different) _____

Date of Birth ____ month ____ day ____ year	Social Security Number _____-_____-_____ <small>Information helps us identify your record, but is voluntary. It is not available to the public.</small>
Ethnic/gender information is required to check criminal information records. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnic: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other

1. List all other names used: _____
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

<u>OFFENSE</u>	<u>DATE</u>	<u>CITY/STATE</u>

Attach additional sheet(s) if necessary.

State of Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
- | | | | |
|---|--------------------------|--------------------------|-------|
| <input type="checkbox"/> Probation | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Parole | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Ordered to pay restitution | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
- Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are pending. Submit a copy of the police report/criminal complaint for each of the following pending charges.

PENDING CHARGE

DATE OF ARREST

LOCATION OF ARREST (city/state)

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature

State of _____ County of _____

Signed and sworn before me this _____ day of _____, 20 _____ by _____
(applicant's name)

Signature of Notary Public

My commission (is permanent) _____ expires _____.

SEAL

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 11/19/02) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code

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APPLICATION PACKET ADDENDUM (INTERNET)

MUSIC, ART OR DANCE THERAPIST

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

PLEASE PRINT OR TYPE

Full Name

Daytime Phone Number

Street Address

PO Box

City, State, Zip

Thank you.

#2612 (4/03)